

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2014 MAY 28 PM 12:00

Office Use Only

FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

12 Is Enough Super PAC

ADDRESS (number and street)

7119 W Sunset Blvd #633



Check if different
than previously
reported. (ACC)

Los Angeles

CA

90046

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00513820

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

2014

through

MM / DD / YYYY

MM / DD / YYYY

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ian Clark

Signature of Treasurer

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

12 Is Enough Super PAC

Report Covering the Period:

From:

01 / 01 / 2014

To:

03 / 31 / 2014

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1, 2014

0.0

(b) Cash on Hand at
Beginning of Reporting Period.....

0.0

(c) Total Receipts (from Line 19)

0.0

0.0

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

0.0

0.0

7. Total Disbursements (from Line 31)

0.0

0.0

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

0.0

0.0

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.0



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14031242198

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

12 Is Enough Super PAC

Report Covering the Period:

From:

01 / 01 / 2014

To:

03 / 31 / 2014

I. Receipts

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

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COLUMN B
Calendar Year-to-Date

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DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0 0	0 0
34. Total Contribution Refunds (from Line 28(d))	0 0	0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0 0	0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0	0 0
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0 0	0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 0	0 0

14031242201

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 1

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

12 Is Enough Super PAC

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

12 Is Enough Super PAC

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

12 Is Enough Super PAC12 Is Enough Super PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

% (apr)

Secured:

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <div style="text-align: center; font-size: 1.2em;">12 Is Enough Super PAC Is Enough Super PAC</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C</div>									
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 1.2em;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 1.2em;"></div> %								
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div>									
City State Zip Code		Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div>									
<div style="display: flex; justify-content: space-between;"><div>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes</div><div>If yes, date originally incurred</div></div> <div style="display: flex; justify-content: space-between;"><div>B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; width: 200px; height: 1.2em;"></div></div><div>Total Outstanding Balance: <div style="border: 1px solid black; width: 200px; height: 1.2em;"></div></div></div> <div>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</div> <div>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</div> <div style="display: flex; justify-content: space-between;"><div>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</div><div>What is the value of this collateral? <div style="border: 1px solid black; width: 200px; height: 1.2em;"></div></div></div> <div style="display: flex; justify-content: space-between;"><div>A depository account must be established pursuant to 11 CFR 100.82(o)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div></div><div>Location of account: Address: City, State, Zip: _____</div></div> <div>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.</div> <div>G. COMMITTEE TREASURER Typed Name Signature</div> <div style="display: flex; justify-content: space-between;"><div></div><div>DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div></div></div> <div>H. Attach a signed copy of the loan agreement.</div> <div>I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</div> <tr><td colspan="2" style="vertical-align: top;">AUTHORIZED REPRESENTATIVE Typed Name Signature</td><td colspan="2" style="vertical-align: top;">DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div></td></tr> <tr><td colspan="2" style="vertical-align: top;">Title</td><td colspan="2"></td></tr>				AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div>		Title			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div><div style="border: 1px solid black; width: 15%; height: 1.2em;"></div></div>									
Title											

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE OF

FOR LINE NUMBER:
 (check only one)

9
 10

NAME OF COMMITTEE (In Full)

12 Is Enough Super PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

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PAGE	OF
FOR LINE 24 OF FORM 3X	

PAGE	OF
FOR LINE 24 OF FORM 3X	

FEC IDENTIFICATION NUMBER ▼

C [REDACTED]

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

Date of Public Distribution/Dissemination

Amount

Zip Code

Category/
Type

☐ Support
☐ Oppose

Office Sought: ☐ House District: _____
☐ President ☐ Senate State: _____

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶ _____

Date of Public Distribution/Dissemination

Amount

Zip Code

Category/
Type

☐ Support
☐ Oppose

Office Sought: ☐ House District: _____
☐ President ☐ Senate State: _____

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶ _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Date _____

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) 12 Is Enough Super PAC																
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee															
	Mailing Address															
	City State ZIP Code															
<table border="1"><tr><td>Full Name (Last, First, Middle Initial) of Each Payee</td><td>Purpose of Expenditure</td><td><div>Category/Type</div></td></tr><tr><td>Mailing Address</td><td>Date</td><td><div></div></td></tr><tr><td>City State Zip Code</td><td>Amount</td><td><div></div></td></tr><tr><td>Name of Federal Candidate Supported Office Sought: <div>House Senate Presidential</div> State: District: </td><td colspan="2"></td></tr><tr><td>Aggregate General Election Expenditure for this Candidate ▶ <div></div></td><td colspan="2"></td></tr></table>		Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<div>Category/Type</div>	Mailing Address	Date	<div></div>	City State Zip Code	Amount	<div></div>	Name of Federal Candidate Supported Office Sought: <div>House Senate Presidential</div> State: District:			Aggregate General Election Expenditure for this Candidate ▶ <div></div>		
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Mailing Address	Date	<div></div>														
City State Zip Code	Amount	<div></div>														
Name of Federal Candidate Supported Office Sought: <div>House Senate Presidential</div> State: District:																
Aggregate General Election Expenditure for this Candidate ▶ <div></div>																
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Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<div>Category/Type</div>														
Mailing Address	Date	<div></div>														
City State Zip Code	Amount	<div></div>														
Name of Federal Candidate Supported Office Sought: <div>House Senate Presidential</div> State: District:																
Aggregate General Election Expenditure for this Candidate ▶ <div></div>																
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Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<div>Category/Type</div>														
Mailing Address	Date	<div></div>														
City State Zip Code	Amount	<div></div>														
Name of Federal Candidate Supported Office Sought: <div>House Senate Presidential</div> State: District:																
Aggregate General Election Expenditure for this Candidate ▶ <div></div>																
SUBTOTAL of Expenditures This Page (optional).....▶ <div></div>																
TOTAL This Period (last page this line number only).....▶ <div></div>																

14031242208

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

12 Is Enough Super PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

12 Is Enough Super PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
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PAGE	OF
FOR LINE 18a OF FORM 3X	

12 Is Enough Super PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div data-bbox="612 380 708 382">M M M</div> <div data-bbox="721 380 816 382">/ D D D</div> <div data-bbox="829 380 1019 382">/ Y Y Y Y Y Y Y Y</div>	

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Candidate Support.....

vi) **Public Communications Referring Only to Party (Made by PAC)****TOTAL This Period (Administrative)****TOTAL This Period (Generic Voter Drive)****TOTAL This Period (Exempt Activities)****TOTAL This Period (Direct Fundraising)****TOTAL This Period (Direct Candidate Support)****TOTAL This Period (Public Communications Referring Only to Party)**

TOTAL This Period (Total Amount Transferred).....

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
12 Is Enough Super PAC

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address					
City	State	Zip Code			
Purpose of Disbursement:		<div>Category/ Type</div>	Allocated Activity or Event Year-To-Date <div></div>		
Activity or Event Identifier:			Date <div></div> / <div></div> / <div></div>		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<div></div>			<div></div>		<div></div>

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address					
City	State	Zip Code			
Purpose of Disbursement:		<div>Category/ Type</div>	Allocated Activity or Event Year-To-Date <div></div>		
Activity or Event Identifier:			Date <div></div> / <div></div> / <div></div>		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<div></div>			<div></div>		<div></div>

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address					
City	State	Zip Code			
Purpose of Disbursement:		<div>Category/ Type</div>	Allocated Activity or Event Year-To-Date <div></div>		
Activity or Event Identifier:			Date <div></div> / <div></div> / <div></div>		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<div></div>			<div></div>		<div></div>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<div></div>			<div></div>		<div></div>
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))					
FEDERAL SHARE			NONFEDERAL SHARE		TOTAL AMOUNT
<div></div>			<div></div>		<div></div>

14031242212

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full) 12 Is Enough Super PAC	
--	--

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER		
i) Voter Registration Total Amount Transferred for Voter Registration.....		VOTER REGISTRATION
ii) Voter ID Total Amount Transferred for Voter ID		VOTER ID
iii) GOTV Total Amount Transferred for GOTV		GOTV
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER		
i) Voter Registration Total Amount Transferred for Voter Registration.....		VOTER REGISTRATION
ii) Voter ID Total Amount Transferred for Voter ID		VOTER ID
iii) GOTV Total Amount Transferred for GOTV		GOTV
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)		
TOTAL This Period (Voter Registration).....		
TOTAL This Period (Voter ID)		
TOTAL This Period (GOTV)		
TOTAL This Period (Generic Campaign Activity)		
TOTAL This Period (Total Amount of Transfers Received)		

14031242213

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full) 12 Is Enough Super PAC																																		
<table border="1"> <tr> <td colspan="2">A. Full Name (Last, First, Middle Initial) / Full Organization Name</td> <td colspan="2"> Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign </td> </tr> <tr> <td colspan="2">Mailing Address</td> <td colspan="2">Allocated Activity or Event Year-To-Date</td> </tr> <tr> <td>City</td> <td>State Zip Code</td> <td colspan="2"> <table border="1"> <tr> <td>MM</td><td>DD</td><td>YY</td> </tr> </table> </td> </tr> <tr> <td>Purpose of Disbursement</td> <td>Category/Type</td> <td colspan="2">Date</td> </tr> <tr> <td colspan="2"> <table border="1"> <tr> <td>FEDERAL SHARE</td> <td>+</td> <td>LEVIN SHARE</td> <td>=</td> <td>TOTAL AMOUNT</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table> </td> <td colspan="2"></td> </tr> </table>		A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign		Mailing Address		Allocated Activity or Event Year-To-Date		City	State Zip Code	<table border="1"> <tr> <td>MM</td><td>DD</td><td>YY</td> </tr> </table>		MM	DD	YY	Purpose of Disbursement	Category/Type	Date		<table border="1"> <tr> <td>FEDERAL SHARE</td> <td>+</td> <td>LEVIN SHARE</td> <td>=</td> <td>TOTAL AMOUNT</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>		FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT							
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FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT																															
TOTAL This Period for the Levin Share																																		

14031242214

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) 12 Is Enough Super PAC		
NAME OF ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

14031242215

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

12 Is Enough Super PAC

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

12 Is Enough Super PAC

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
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Amount of Each Disbursement this Period

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D.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
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Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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